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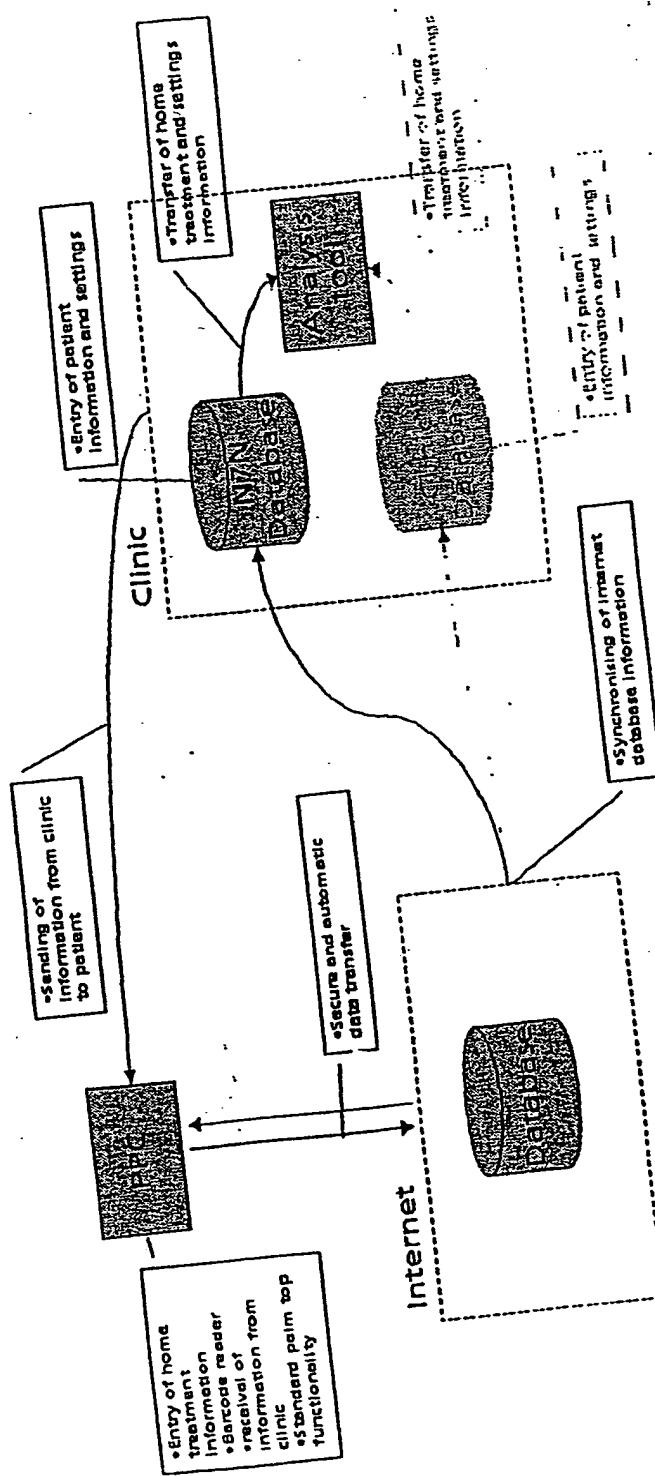
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Figure 1



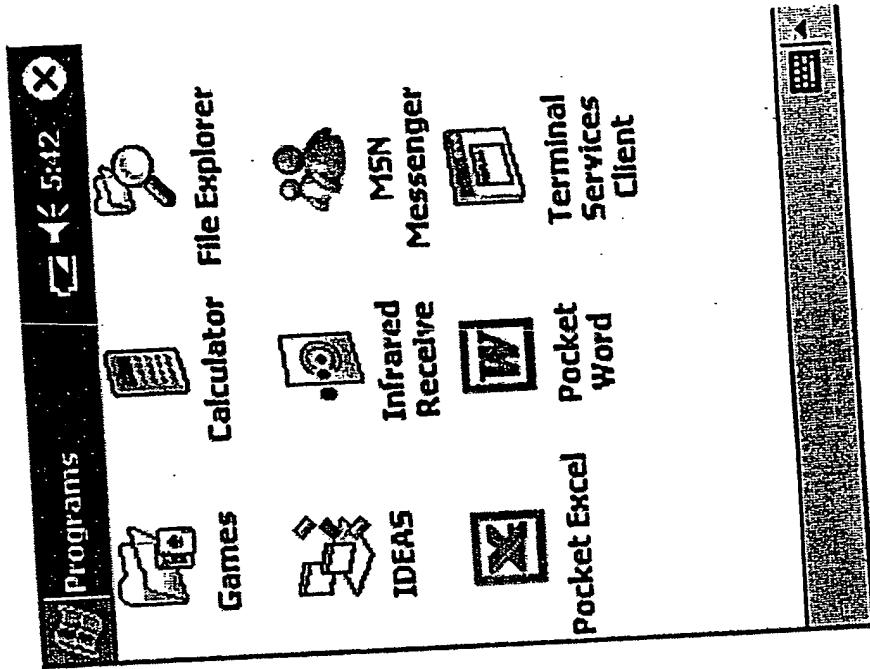


Figure 3

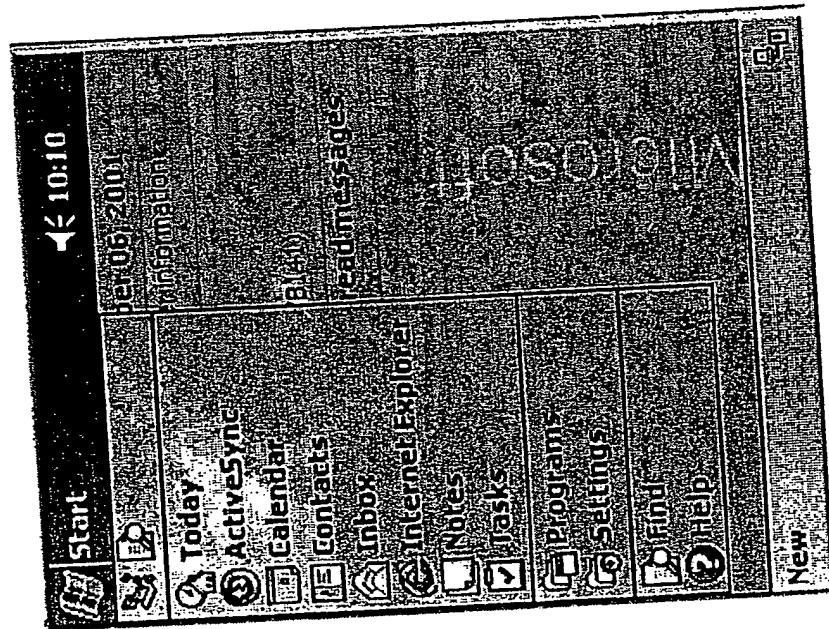


Figure 2

Figure 4

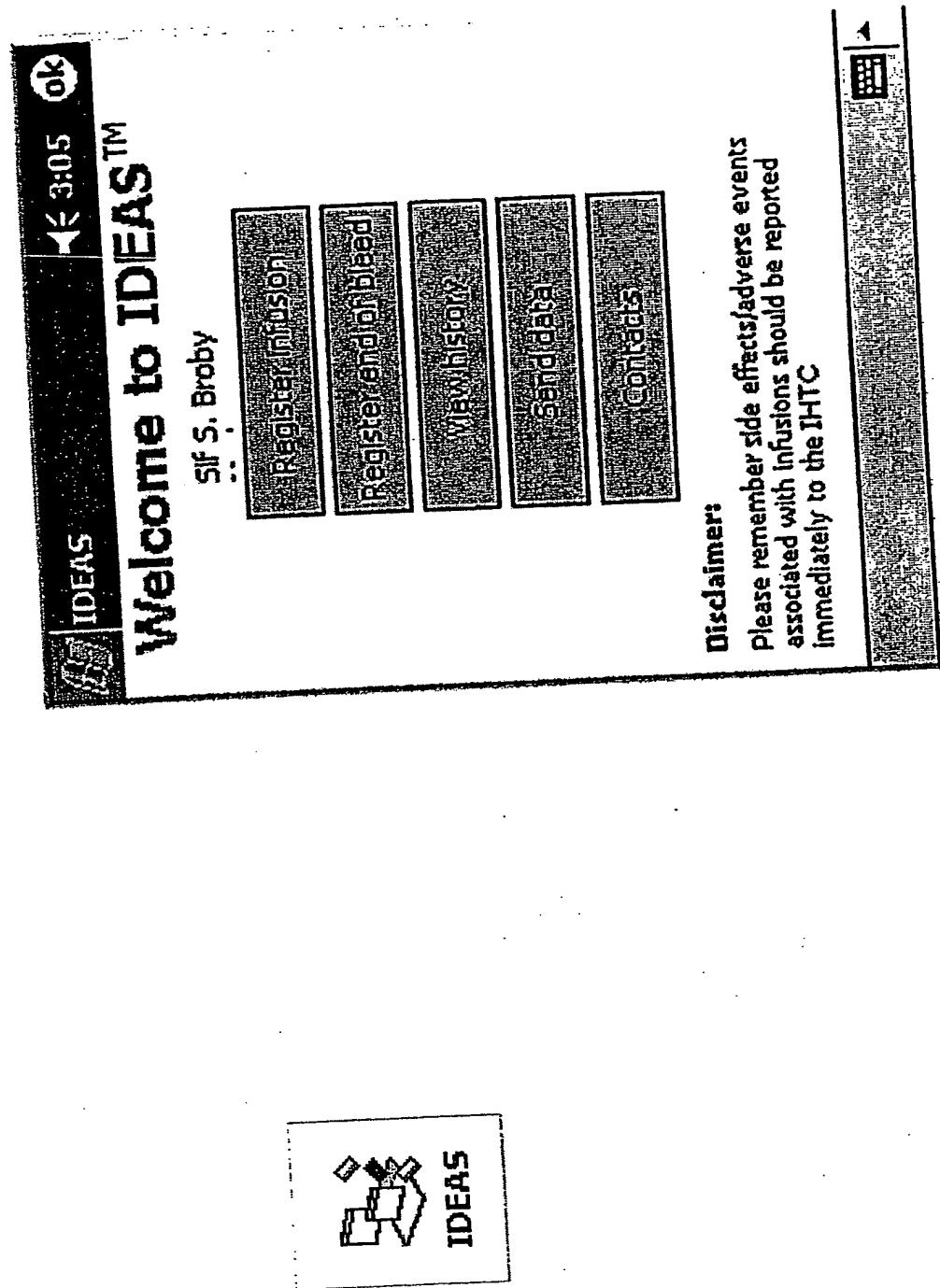


Figure 5

Register infusion

To register the infusion please enter required data:

Date:

S	M	T	W	T	F	S
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Time:

Register medical data:

Scan barcode or Enter medical data

Scan barcode or Enter medical data

Cancel

Figure 6

Scan barcode

3:07 CAP

Please scan the barcode number:

Please scan barcode

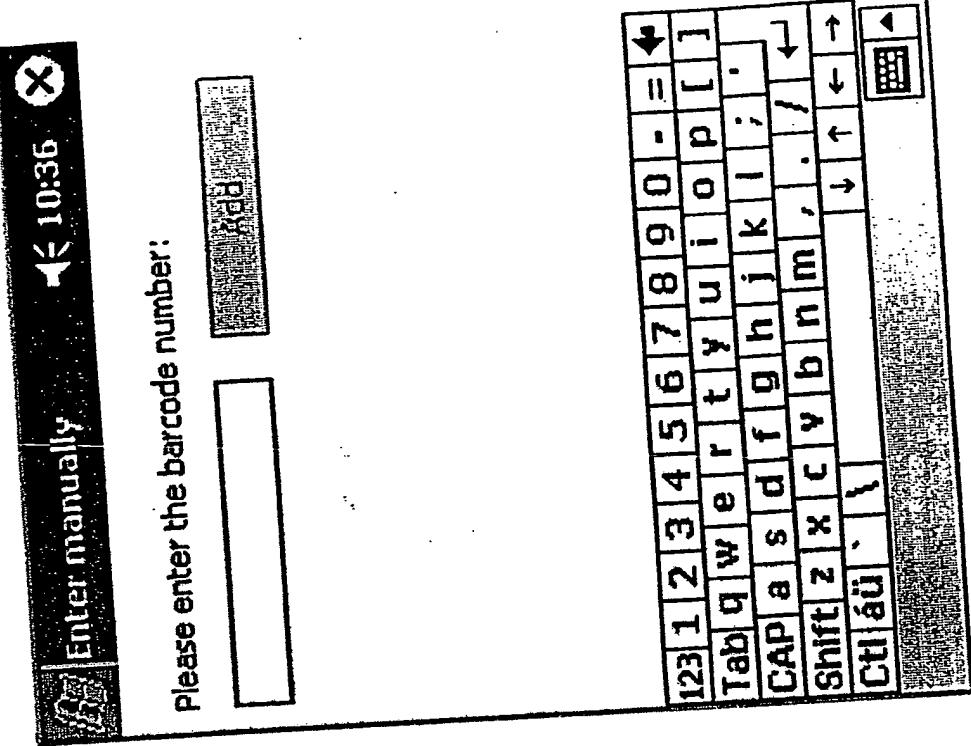


Figure 8

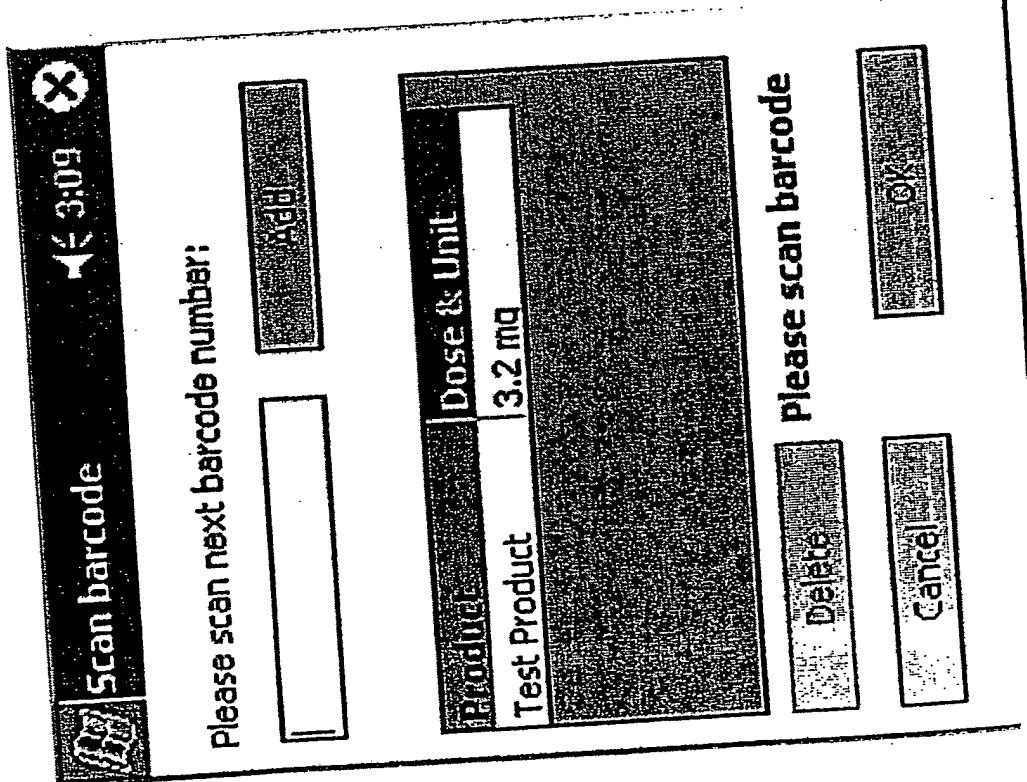


Figure 9

Reason for infusion ⌚ 3:11 X

You have now successfully entered the required medical data.

Please select the reason for infusion:

I'm bleeding: New Follow-up Physical therapy Outpatient procedure Surgery Dental Surgeon Dentist

It's prior to: Follow-up Physical therapy Outpatient procedure Surgery Dental Surgeon Dentist Discharge from hospital

It's a follow-up to: Follow-up Physical therapy Outpatient procedure Surgery Dental Surgeon Dentist Other Emergency Immune tolerance

Or: Other Emergency Immune tolerance

◀ | ▶

Figure 10

Follow-up outpatient pt ⌚ 3:58 X

Please select an infusion to follow-up on:

[Redacted]

Notice:
If you have experienced any bleedings, you must register the episode. Please go to All bleedings.

All bleedings

OK

Cancel

◀ | ▶

Figure 11

Prophylaxis ✖ 4:04

Have you experienced any episode of bleeding since last infusion?

Yes No

Cancel

Figure 12

Immune Tolerance ✖ 4:16

Have you experienced any episode of bleeding since last infusion?

Yes No

You have experienced a bleeding episode. If not yet registered, please answer questions about this episode now!

Registered Bleeding

Not the bleeding Registered

Cancel

Figure 13

Register all bleeding 2:01

To register the bleeding episode, please answer the following questions:

Did you take any prior infusions? Yes No

Time from bleed start to infusion:

Injury related: Yes No

Bleeding Intensity: Usual Advanced

Please specify the location of the bleeding:

Figure 14

Indicate bleedings 3:18

Please indicate on the figure where you are bleeding:

Figure 15

Indicate bleedings 3:24 X

Show more

Please indicate on the figure where you are bleeding:

OK add more OK continue Cancel

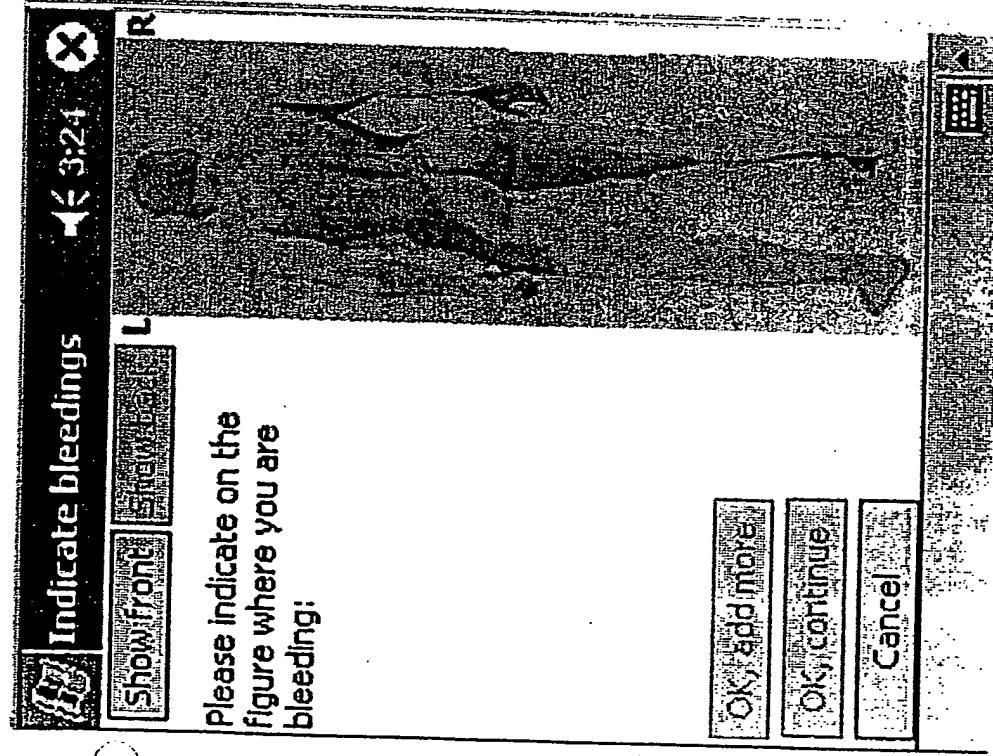


Figure 16

Specify response to 2:56 X

Please register your response to the infusion:

Can't answer now Good
Fair Poor

OK

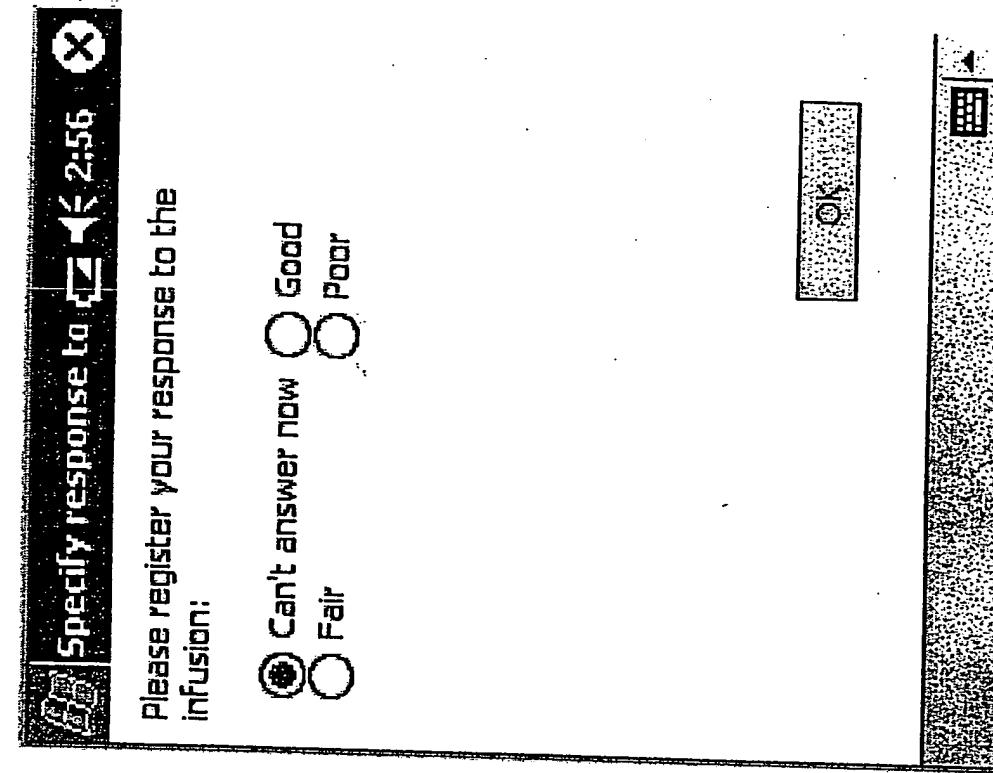


Figure 17

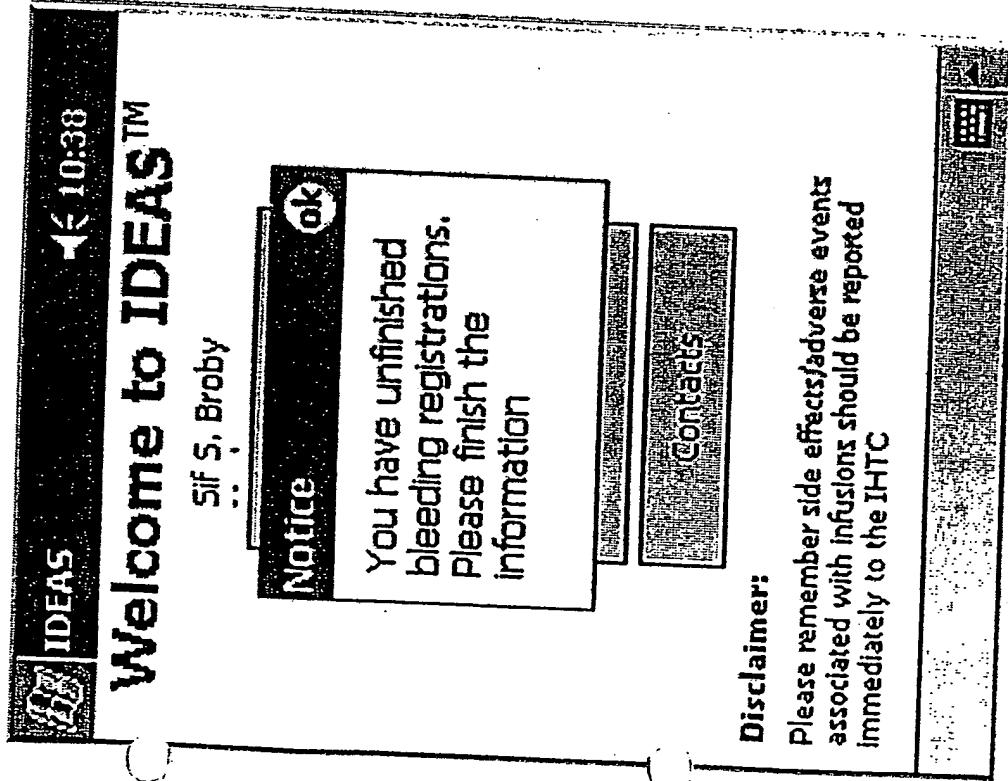
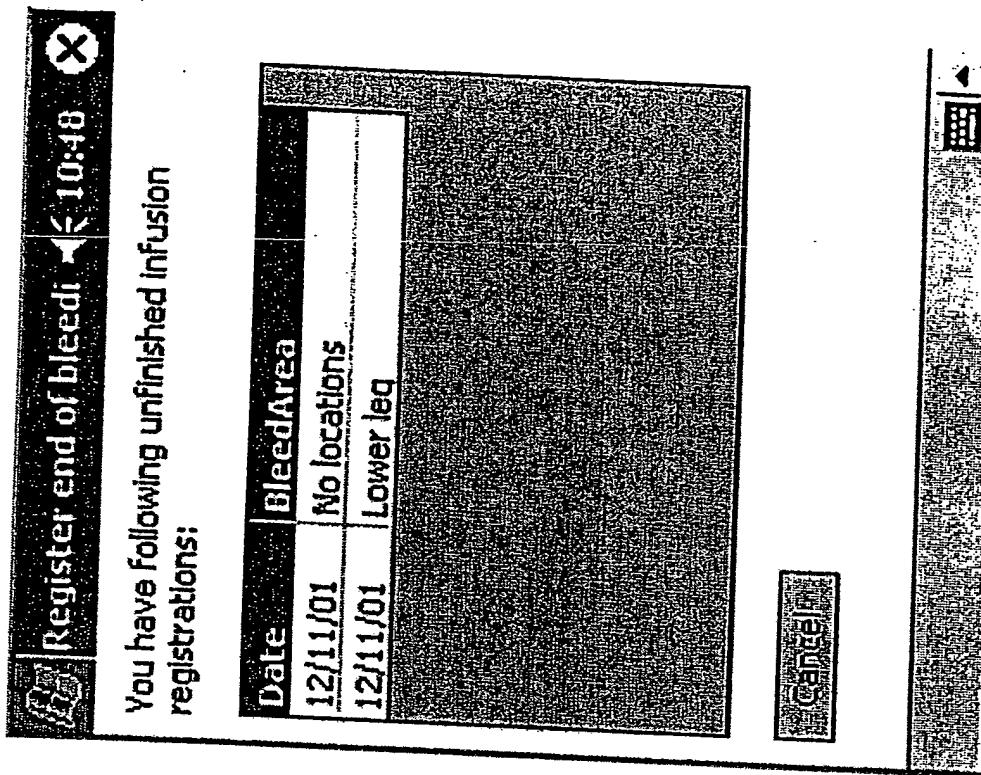


Figure 18



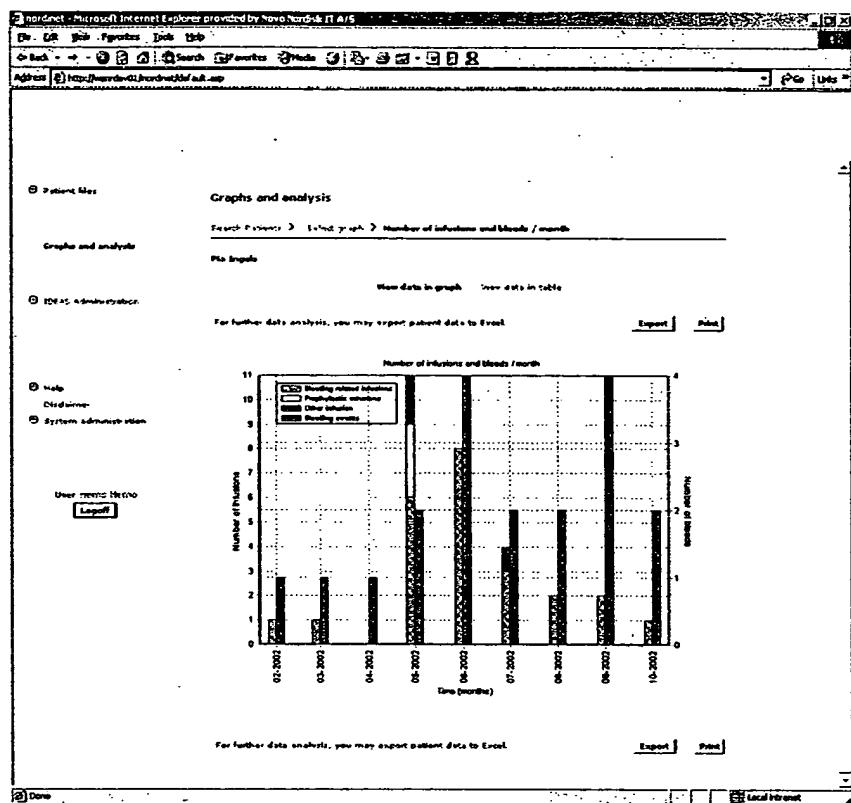


Figure 19

Infusion details

Date:	07/16/2002	Time:	10:00 PM		
Product:	BENEFIX	Dose:	8000	Unit:	IU
Reason for infusion:	New bleeding				
Response to the infusion:	Poor, the bleeding did not stop				
Time from bleed start to infusion:	0-1 hours				

Figure 20

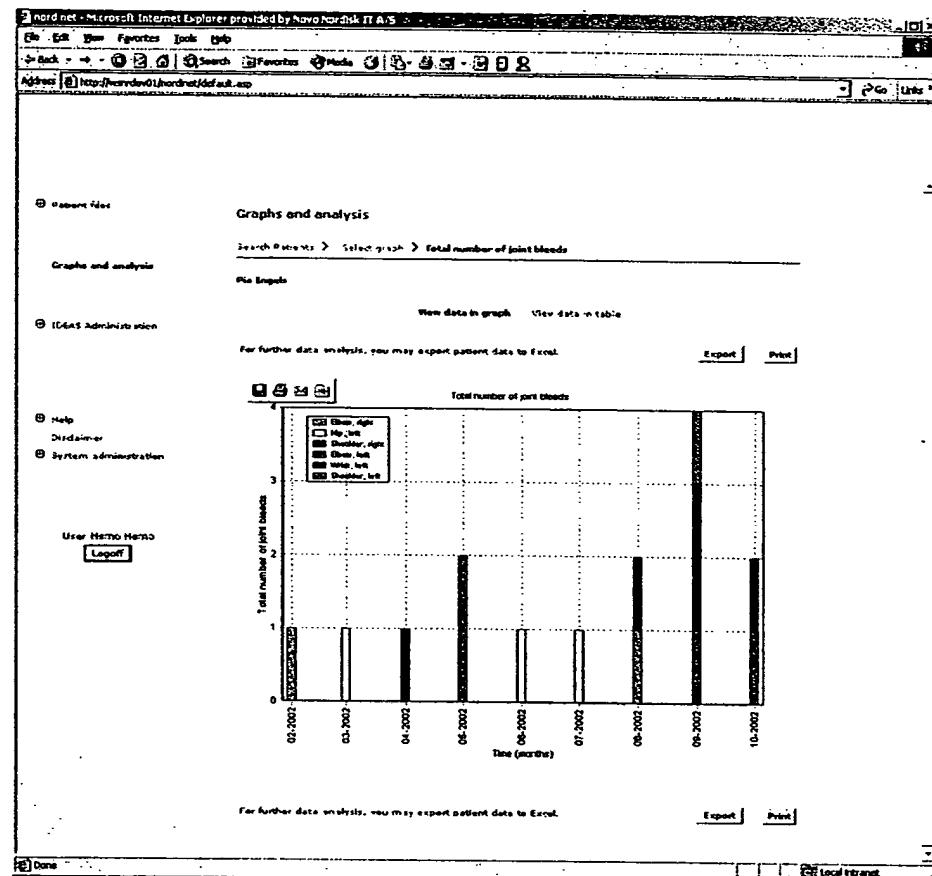


Figure 21

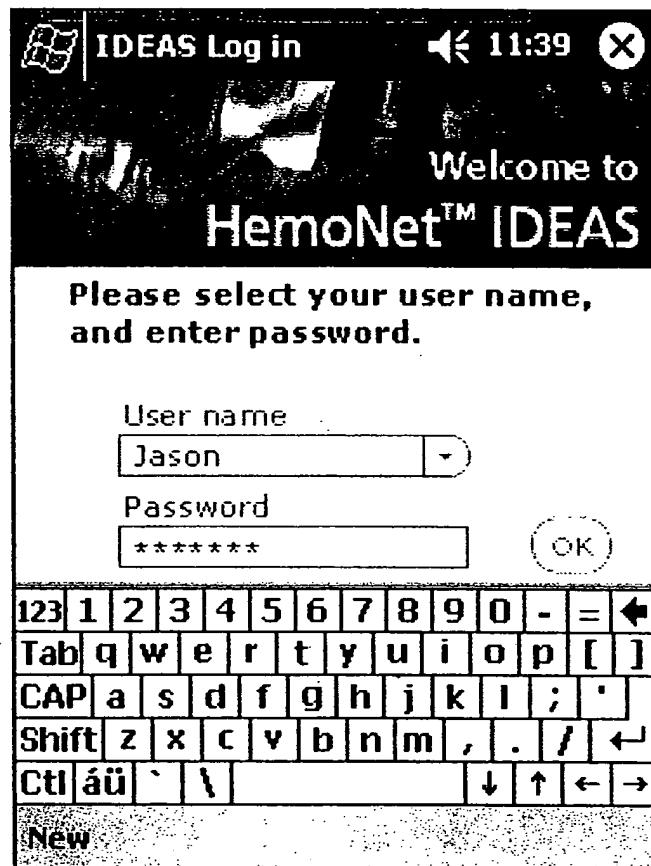


Figure 22

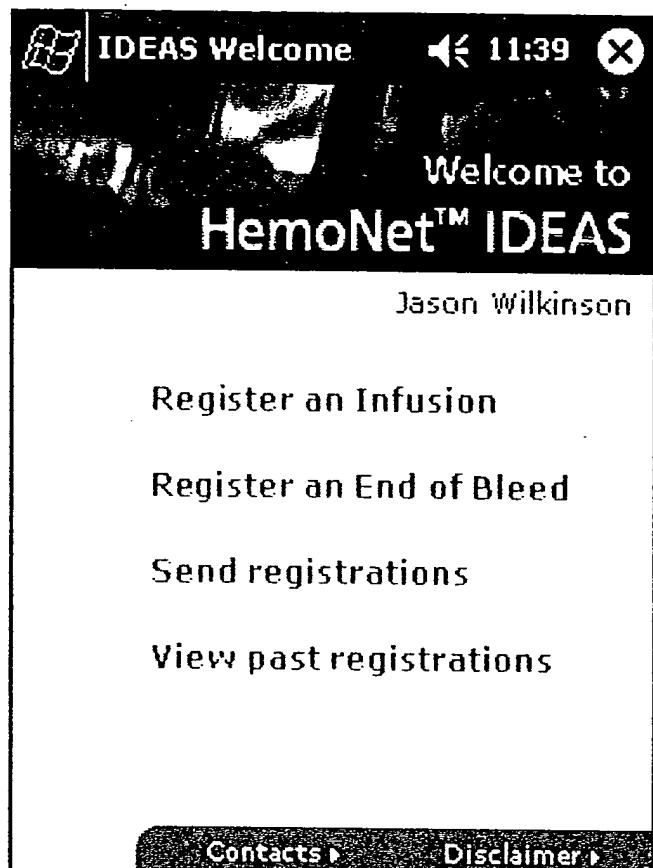


Figure 23

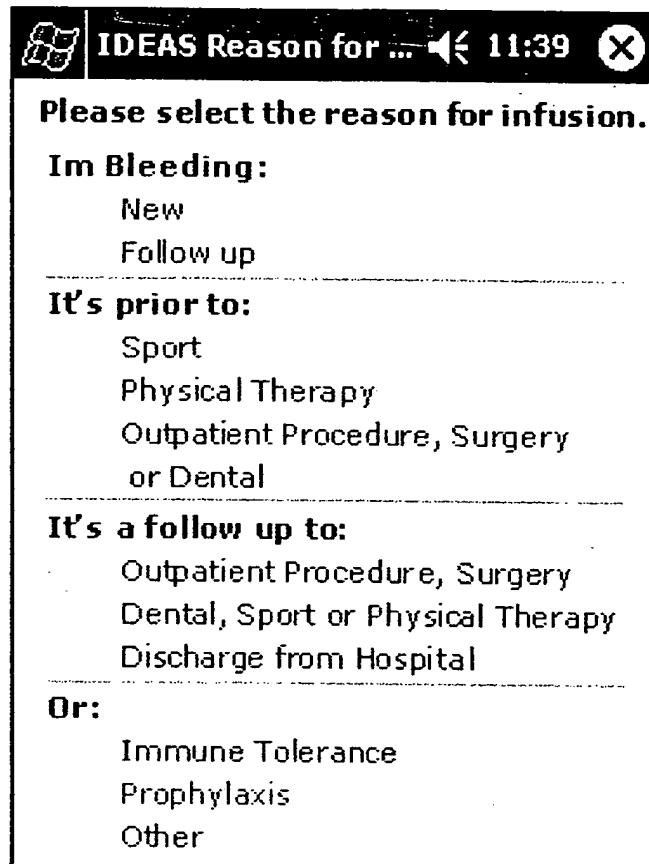
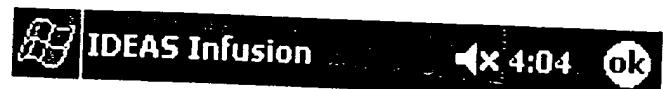


Figure 24



To enter a new bleed, please answer
the following.

Injury related?

Yes No

Bleeding intensity?

Usual Advanced

Time from start bleed to first infusion

0-1 hours

0-1 hours

1-3 hours

3-6 hours

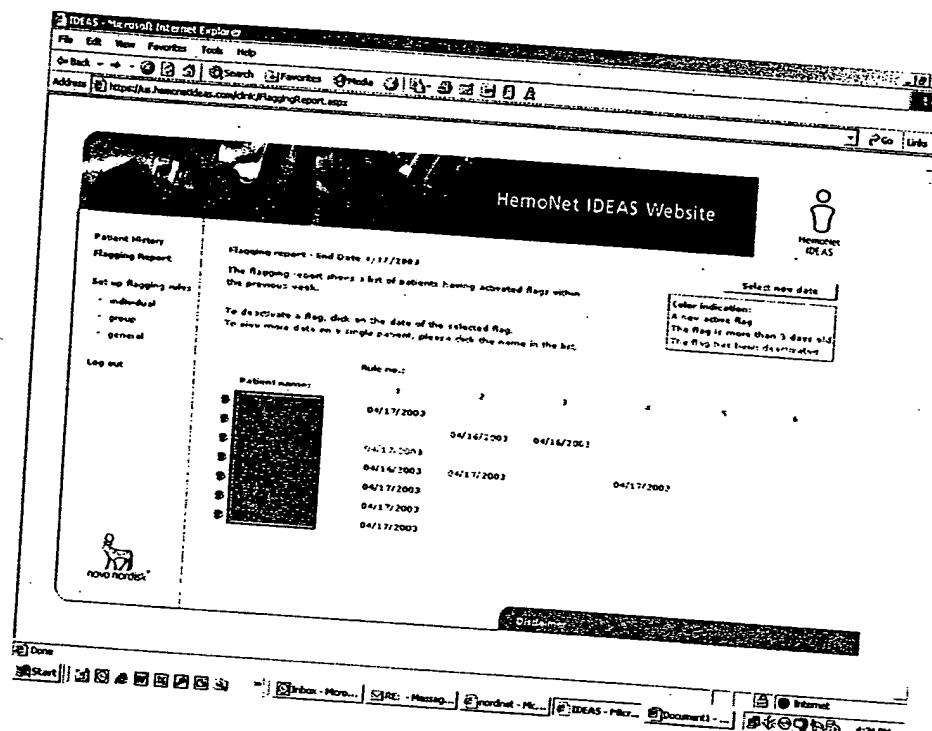
6-12 hours

>12 hours

A dropdown menu with the following options: 0-1 hours, 0-1 hours, 1-3 hours, 3-6 hours, 6-12 hours, and >12 hours. The first two options are highlighted in a darker shade.

Next

Figure 25



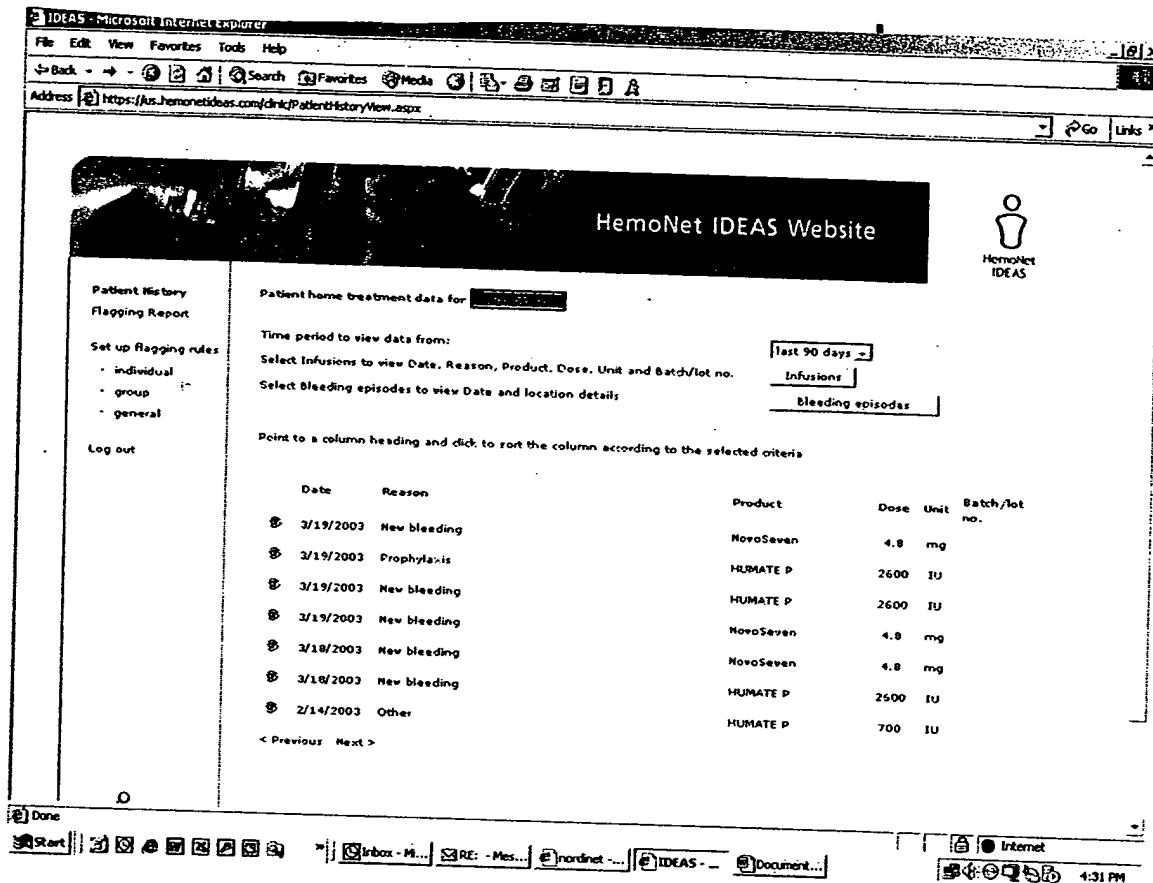


Figure 27

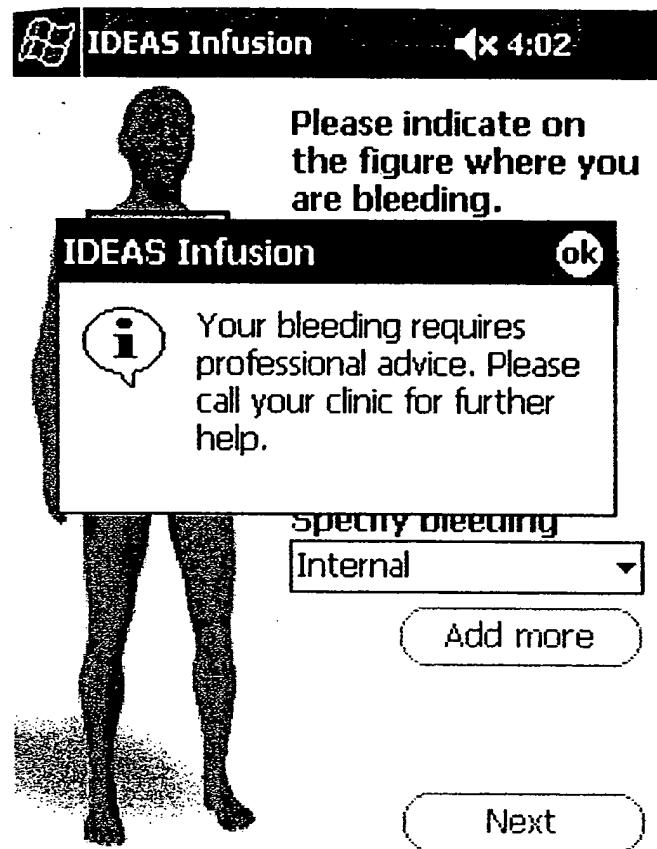


Figure 28

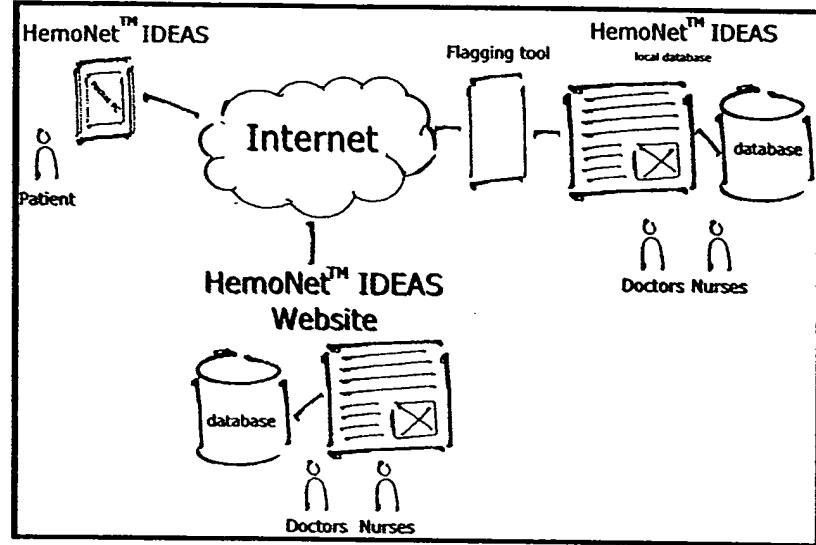


Figure 29